

Attachment 4

Participant Questionnaire

(ATSDR staff conducting a computer based questionnaire)

ASARCO Smelter EI – Hayden/Winkelman, AZ



Hayden, Arizona Smelter Exposure Investigation Questionnaire

Introduction - Hello, my name is {SAY NAME}. We are doing an Exposure Investigation for the Agency for Toxic Substances and Disease Registry, or ATSDR. ATSDR is a sister agency to the Centers for Disease Control and Prevention. As part of the investigation, we will be asking you some common questions like your name and address. We will also ask questions on your contact with chemicals. We are asking these questions to better understand all the data we collect.

The questions should take about twenty minutes. After that, we will be offering free blood and urine testing for participants in this exposure investigation. Once we are done with this investigation, you will be given a copy and details of your and your minor children's (if you have them) test results. Generally, we are able to get results to you within 12 weeks.

1. Person Administering Questionnaire

2. Date Questionnaire Administered

3. Participant Last name

4. Participant First Name

5. Middle Initial

6. Laboratory ID

Cost Recovery Number: 90JS

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0048).

Now I want to ask you questions about how I can contact you. I will also be asking how long you have lived at or visited certain places. This is needed to find out how long you may have had contact with chemicals and how long it may have lasted. We will also ask your age, race, weight and height, and about your jobs. This is useful to put your test results side by side with others like you to see what is typical.

7. Is the person being interviewed a minor child?

- Yes
 No

8. Name of person answering questions for minor child

9. Street Address

10. Additional Street Address Information (Apt. Number, Other defining number)

11. City

12. County

13. State

14. Zip Code

15. Is your mailing address different from your street address? If so, what is your mailing address?

- Yes
- No

16. Alternate Mailing Address

17. City

18. County

19. State

20. Zip Code

21. How long have you lived at this address?

- Less than 6 months
- 6 months to less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years

22. How long have you lived in Hayden or Winkelmen, AZ?

- Less than 6 months
- 6 months to less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years

24. Do you speak a language other than English at home? (5 years old and older) [If NO skip the next question]

- Yes
- No

25. If you speak another language in the household do you prefer receiving follow up information in another language?

What is this language? (5 years old and older)

- Yes, Spanish
- Yes, Other

Demographic Questions - Script: The next questions are about your own qualities and will help us compare your test results.

Surveyor, please indicate whether the person is a male or female. If this questionnaire is for a minor child, be sure to ask their gender.

26. What is your sex?
 Male
 Female
27. What is your Date of Birth
28. Are you Hispanic, Latino/a, or Spanish origin?
(One or more categories may be selected)
 No, not of Hispanic, Latino/a, or Spanish origin
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican
 Yes, Cuban
 Yes, Another Hispanic, Latino, or Spanish origin
29. What is your race?
(One or more categories may be selected)
 White
 Black or African American
 American Indian or Alaska Native
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander
30. (If female between 15-44) Are you pregnant? If yes, in what month of pregnancy?
 No
 Yes, 0 to 3 months
 Yes, 4-6 months
 Yes, 7 to 9 months

31. How much time do you spend outdoors in a typical day?
 Never go outside
 Less than 1 hour
 1 to 3 hours
 More than 3 hours
32. Have you been to areas with mine waste/tailings in the past 30 days?
 Yes
 No
 Don't know

Attributes of the Structure or Home - The following questions are about the qualities and characteristics of your home.

33. Do you live in an:
 Apartment
 Single Family Home
 Townhouse or Condominium
 Mobile Home
 Other
34. About when was the building built?
 2000-Present
 1990-1999
 1980-1989
 1970-1979
 1960-1969
 1950-1959
 1940-1949
 1939 or earlier
 Don't Know
35. What is the condition of your home or building?
 Good
 Fair
 Poor
36. Do the windows (e.g., sills) have peeling paint?
 Yes
 No
37. Is there peeling paint in other places such as cabinets, interior walls and/or exterior walls?
 Yes
 No
 Don't Know

Soil Information (Tracking inside home)

38. How often do you remove shoes before entering your home?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
39. Does anyone in the home work in the smelter?
- Yes
 - No
 - Don't know
40. How often do they remove clothing when entering the home after work at the smelter?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
41. Does anyone in the home work primarily outdoors in a job with frequent soil contact? (Construction, landscaping, etc.)
- Yes
 - No
 - Don't know
42. How often do they remove clothing when entering the home after work outdoors?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This

43. Have you used any Mexican pottery in the past month?
- Yes
 - No
 - Don't know
44. Have you used any home remedies in the past month for any illnesses?
- Yes
 - No
 - Don't know
45. Have you eaten any Mexican candy in the past month?
- Yes
 - No
 - Don't know

For children under 6 years old in your home, please respond to the following statements. If not, please skip to the next section.

46. Have you eaten dirt?
- Yes, frequently
 - Yes, not frequently
 - No
 - Don't Know
47. Do you put dirty fingers and/or toys in your mouth?
- Yes, frequently
 - Yes, not frequently
 - No
 - Don't know

Frequency of eating food that may contain Arsenic.

48. How many portions of rice (white or brown) did you eat in the past week?

- None
- 1-2
- 3-4
- 5 or more
- Don't Know

49. How many portions of chicken did you eat in the past week?

- None
- 1-2
- 3-4
- 5 or more
- Don't know

50. How many portions of fish and other seafood (to include shrimp) did you eat in the past week?

- None
- 1-2
- 3-4
- 5 or more
- Don't know

Other

51. Is there anything you want us to know that we did not ask about?